PART B - FEE(S) TRANSMITTAL

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Mail Stop ISS FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



AUG 3 0 2004

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INSTRUCTIONS: This form should be used for describing the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed only wise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

05/25/2004

H. GORDON SHIELDS 7830 NORTH 23RD AVENUE PHOENIX, AZ 85021

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

H. GORDON SHIELDS	(Depositor's name)
Hoch Shall	(Signature)
8-25-04	(Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/078,298	02/20/2002	Kerry E. Wilkinson			0125	3386
TITLE OF INVENTION: APPARATUS	OPTICAL SCREEN APP	ARATUS HAVIN	IG ALTERN	NATE OPAQUE AND CLE	EAR LAYERS AND METI	HOD OF MAKING SUCH
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	08/25/2004
EXAM	MINER	ART UNIT		CLASS-SUBCLASS		
SIKDER, MOHAMMAD YUNUS		2872		359-614000	•	
 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 		names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name				
3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN		low, no assignee d submitted under se	ata will appe parate cover.	T (print or type) ar on the patent. Inclusion of Completion of this form is No CE: (CITY and STATE OR C	assignee data is only appropor OT a substitute for filing an as OUNTRY)	riate when an assignment has ssignment.
Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the	patent); 🔾 individual . 🕻	corporation or other private	group entity 🚨 government
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):		
🖫 Issue Fee			**	in the amount of the fee(s) is e		
Publication Fee	cation Fee Payment by credit card. Form PTO-2038 is attached.					••
Advance Order - # of	Advance Order - # of Copies 10					

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	Λ. ο	(Date)	
(Authorized Signature)	theles	8-25-04	
NOTE; The Issue Fee a	and Publication Fee (i	f required) will not be accepted from any or agent; or the assignee or other partitions Patent and Trademark Office.	nyone rty in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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08/31/2004 HGUTEMA2 00000003 10078298

02 FE: 3504 03 FC:8001

PTO/SB/21 (02-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/078,298 Filing Date KANSMITTAL 02/20/2002 **FORM** First Named Inventor KERRY E. WILKINSON Art Unit 2872 (to be used for all correspondence after initial filing) **Examiner Name** $M + \eta$ MOHAMMAD Y. SIKDER: Attorney Docket Number 3 0125 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication to Technology Center (TC) Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Lx Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please **Terminal Disclaimer** Identify below): **Extension of Time Request** Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) TRANSMITTAL FORM Response to Missing Parts/ PART B - FEES TRANSMITTAL Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm H. GORDON SHIELDS Individual name

8-25-09
CERTIFICATE OF TRANSMISSION/MAILING
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

H. GORDON SHIBLDS

Signature

Date 8-25-04

Signature Date

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FE伝示RANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

(\$) 995.00TOTAL AMOUNT OF PAYMENT

Signature

Complete if Known				
Application Number	10/078,298			
Filing Date	02/20/2002			
First Named Inventor	KERRY E. WILKINSON			
Examiner Name	MOHAMMAD Y. SIKDER			
Art Unit	2872			
Attorney Docket No.	0125			

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)							
Check Credit card Money Other	Check Credit card Money Other None 3. ADDITIONAL FEES						
Deposit Account:	i	<u>Large</u>	Entity	Small	Entity	1	
Deposit Deposit	٦	Fee	Fee	Fee	Fee	Fee Description	
Account	1 1	Code	• •		(\$)	•	Fee Paid
Number Deposit	╡	1051	130	2051		Surcharge - late filing fee or oath	
Account		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
Name The Director is authorized to: (check all that apply)	-	1053	130	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayme	ents	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee		1805	1.840*	1805	1,840*		
to the above-identified deposit account.			.,		.,	Examiner action	
FEE CALCULATION		1251	110	2251	55	Extension for reply within first month	1,
1. BASIC FILING FEE		1252	420	2252	210	Extension for reply within second month	
Large Entity Small Entity		1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Pa	aio	1254	1,480	2254	740	Extension for reply within fourth month	
1001 770 2001 385 Utility filing fee	,	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee		1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee		1403	290	2403	145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$)	\neg I	1452	110	2452	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REIS		1453	1,330	2453	665	Petition to revive - unintentional	
Fee from _		1501		2501	665	Utility issue fee (or reissue)	665
Extra Claims below Fee I	Paid	1502	480	2502	240	Design issue fee	
Independent		1503	640	2503	320	Plant issue fee	
Claims X = X = X Multiple Dependent	==	1460	130	1460	130	Petitions to the Commissioner	
L		1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	ŀ	1806	180	1806		Submission of Information Disclosure Stmt	
Code (\$) Code (\$)	ı	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of	3	1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not p		1810	770	2810	385	For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims	ļ			20.0	- 500	examined (37 CFR 1.129(b))	
over original patent	1	1801	770	2801	385	Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 26 and over original patent	0	1802	900	1802	900	Request for expedited examination of a design application	
			ee (sp	ecify)	ADV	ANCE ORDER; PUBL. FEE	330
SUBTOTAL (2) **or number previously paid, if greater, For Reissues, see above					iling Fe	ee Paid SUBTOTAL (3) (\$)	995
SUBMITTED BY			onietroi	ion No.		(Complete (if applicable))	
Name (Print/Type) H. GORDON SHIELDS	3		egistrat ttomev//		23	3,099 Telephone 602-997-	-4979

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